



*Design: Labor Market Information Department*

SA02

## SERVICE SEEKER REGISTRATION

DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER		NAME LAST FIRST INITIAL			DATE OF BIRTH MONTH DAY YEAR			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE: <input type="checkbox"/> NTV AM/AL <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER <input type="checkbox"/> ETHNIC HISPANIC									
HOME STREET ADDRESS		CITY		STATE		ZIP CODE		WIB CODE (FOR OFFICIAL USE ONLY)	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				CITY		STATE		ZIP CODE	
WHEN TO CALL		DAYTIME PHONE		NIGHTTIME PHONE		FAX		E-MAIL	
<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> BOTH		( ) -		( ) -		( ) -			

PLEASE CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING QUESTIONS:

	YES	NO
1. DO YOU GIVE US PERMISSION TO RELEASE INFORMATION CONTAINED IN THIS APPLICATION TO EMPLOYERS AND OTHER WIA SERVICE PROVIDERS?		
2. ARE YOU EMPLOYED?		
3. ARE YOU DRAWING UNEMPLOYMENT BENEFITS?		
4. ARE YOU REGISTERED WITH SELECTIVE SERVICE?		
5. ARE YOU A STUDENT?		
6. ARE YOU A MILITARY VETERAN?		
7. IF YOU ANSWERED "YES" TO QUESTION #6, PLEASE ENTER TYPE OF DISCHARGE: _____ BRANCH OF SERVICE: _____ SERVICE FROM: _____ TO _____ MONTH DAY YEAR MONTH DAY YEAR		
8. DO YOU HAVE A SERVICE CONNECTED DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT PERCENTAGE: _____		
9. ARE YOU A UNITED STATES CITIZEN?	YES	NO
10. IF YOU ANSWERED "NO" TO #9, PLEASE ENTER: ALIEN NUMBER: _____ INS NUMBER: _____		

MES-C-AWS-51a (r.5/25/04)

SA03

## WORK EXPERIENCE

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR PRESENT AND PAST EMPLOYMENT. PLEASE BE AS DETAILED AS POSSIBLE.

USE ADDITIONAL PAGES IF NEEDED.

EMPLOYER		(FOR OFFICIAL USE ONLY) I.D. #	
CITY/STATE			
JOB TITLE		DURATION	
DO YOU HOLD A LICENSE FOR THIS OCCUPATION? YES NO		PAY	PER
START DATE:	END DATE:	\$	
REASON FOR LEAVING (CIRCLE ONE) – LAYOFF FIRED QUIT TERMINATED OTHER			
DESCRIBE YOUR DUTIES:			

EMPLOYER		(FOR OFFICIAL USE ONLY) I.D. #	
CITY/STATE			
JOB TITLE		DURATION	
DO YOU HOLD A LICENSE FOR THIS OCCUPATION? YES NO		PAY	PER
START DATE:	END DATE:	\$	
REASON FOR LEAVING (CIRCLE ONE) - LAYOFF FIRED QUIT TERMINATED OTHER			
DESCRIBE YOUR DUTIES:			

EMPLOYER		(FOR OFFICIAL USE ONLY) I.D. #	
CITY/STATE			
JOB TITLE		DURATION	
DO YOU HOLD A LICENSE FOR THIS OCCUPATION? YES NO		PAY	PER
START DATE:	END DATE:	\$	
REASON FOR LEAVING (CIRCLE ONE)– LAYOFF FIRED QUIT TERMINATED OTHER			
DESCRIBE YOUR DUTIES:			

EMPLOYER		(FOR OFFICIAL USE ONLY) I.D. #	
CITY/STATE			
JOB TITLE		DURATION	
DO YOU HOLD A LICENSE FOR THIS OCCUPATION? YES NO		PAY	PER
START DATE:	END DATE:	\$	
REASON FOR LEAVING (CIRCLE ONE) - LAYOFF FIRED QUIT TERMINATED OTHER			
DESCRIBE YOUR DUTIES:			

SA04

## SERVICE SEEKER EDUCATION

SCHOOL ATTENDED	SCHOOL ADDRESS	DATES ATTENDED (MO/YR)		MAJOR
		FROM:	TO:	
		FROM:	TO:	
		FROM:	TO:	

LANGUAGES: List any foreign languages that you are able to SPEAK, READ ,or WRITE. INDICATE "YES" OR "NO"

LANGUAGE	SPEAK		READ		WRITE	
	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO

LE01

	YES	NO
ARE YOU DISABLED?		
DO YOU RECEIVE WELFARE/TANF?		
DO YOU RECEIVE FOOD STAMPS?		
ARE YOU WILLING TO RELOCATE?		
DO YOU HAVE TRANSPORTATION?		
ARE YOU A SEASONAL FARMWORKER?		
DO YOU HAVE A DRIVERS LICENSE? IF YES, PLEASE ENTER: CLASS:      ENDORSEMENT:      RESTRICTION:		
ARE YOU A RECENTLY SEPARATED (48 months or less) VETERAN?		
ARE YOU RECEIVING UNEMPLOYMENT COMPENSATION?		
HAVE YOU BEEN UNEMPLOYED FOR 15 OR MORE OF THE PAST 26 WEEKS?		
DID YOUR LAST EMPLOYER'S BUSINESS CLOSE?		
ARE YOU A DISLOCATED WORKER? (FOR OFFICIAL USE ONLY)		
IF YOU HAVE CLERICAL SKILLS AND DESIRE EMPLOYMENT IN THIS FIELD, PLEASE ENTER IN THE NUMBER OF WORDS PER MINUTE (WPM) YOU CAN PERFORM:  <div style="display: flex; justify-content: space-between;"> <span>TYPING:</span> <span>PC KEYBOARD:</span> <span>DICTATION:</span> </div>		

LE02

## JOB SEEKER INTERESTS

WHAT IS THE MINIMUM PAY YOU WILL ACCEPT? \$ \_\_\_\_\_ PER \_\_\_\_\_  
(Hour, Day, Month, Year)

DO YOU OWN TOOLS FOR THIS OCCUPATION?      YES      NO

CIRCLE THE DAYS THAT YOU ARE AVAILABLE TO WORK:  
SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

CIRCLE THE SHIFTS THAT YOU ARE AVAILABLE TO WORK:

ARE YOU AVAILABLE FOR WORK (PLEASE CIRCLE)

PLEASE ENTER THE TYPES OF WORK YOU WISH TO DO AND THE AMOUNT OF EXPERIENCE YOU HAVE IN EACH:

TYPE OF WORK	EXPERIENCE

MSES-AWS-511b (3/6/01)

# TDWA WIN Job Centers

## Registration

WIA ADULT ☐

Job Center Staff Only

WIA DISLOCATED WORKER ☐

ES ☐

UI ☐

MDRS ☐

JOB CORPS ☐

TAA ☐

YOUTH REFERRAL ☐

SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_

Your County: \_\_\_\_\_ Your Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your E-Mail Address: \_\_\_\_\_

Are you currently receiving Unemployment Insurance? Y N

Are you a student? Y N

Do you have a current Driver's License? Y N

Regular \_\_\_\_\_ Commercial \_\_\_\_\_ Class: A B C D R

Endorsements: E H N P T X

### Contact Information

Contact Person: \_\_\_\_\_

(This cannot be you and the telephone number cannot be your telephone number.)

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

13. Age _____	14. Date of Birth _____ (mm/dd/yyyy)	15. Gender ___ 1. Male ___ 2. Female	16. Citizenship ___ 1. Citizen ___ 2. Eligible Non-Citizen ___ 3. Neither	17. Selective Service or Draft Status ___ 1. Registered ___ 2. Not Registered ___ 3. N/A	18. Ethnicity Hispanic Or Latino ___ 1. Yes ___ 2. No
19. Individual With a Disability ___ 1. Yes ___ 2. Yes, Impediment to Employment ___ 3. No		20. Veteran Status ___ 1. Yes ≤ 180 Days ___ 2. Yes > 180 Days ___ 3. No	21. Campaign Vet ___ 1. Yes ___ 2. Yes, Vietnam-era ___ 3. No	22. Disabled Veteran ___ 1. Yes ___ 2. Yes, Spec. Disabled ___ 3. No	18A. Race/Ethnicity/ (mark one or more) ___ 1. American Indian/Alaskan ___ 2. Asian ___ 3. Black or African American ___ 4. Hawaiian Native/Pacific Islander ___ 5. White
23. Recently Separated Veteran ___ 1. Yes ___ 2. No	24. Labor Force Status ___ 1. Employed ___ 2. Unemployed	25. Metropolitan Resident ___ 1. Yes ___ 2. No	26. Number In Household _____	27. Family Status ___ 1. Single Parent ___ 2. 2 Parent family ___ 3. Other Family Member ___ 4. Not a Family Member	28. Last Year's Household Income _____
29. Low Income ___ 1. Yes ___ 2. No	Cash Assistance (check all that apply) ___ 30. Tanf ___ 31. SSI ___ 32. Food Stamps ___ 33. Refugee Cash Asst. ___ 34. Foster Child	35. Hourly Pay On Last Job \$ _____	36. Limited English ___ 1. Yes ___ 2. No	37. Highest Grade Completed _____ ___ HS or GED ___ AA. Degree ___ B.S. Degree ___ Other	38. Unemployment Compensation ___ 1. Claimant ___ 2. Exhaustee ___ 3. Not Applicable

Have you ever been laid off from a job? \_\_\_\_\_ Employer Name: \_\_\_\_\_

Date of Lay-off : \_\_\_\_\_ Wage at Layoff: \_\_\_\_\_ Reason for Layoff: \_\_\_\_\_

### Job History (Most Recent Job First)

Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Job Title: \_\_\_\_\_ License Required Y N

Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Rate of pay: \_\_\_\_\_ Per \_\_\_\_\_

Reason for leaving : \_\_\_\_\_ Layoff Date: \_\_\_\_\_ Fired Quit Other \_\_\_\_\_

Describe your duties: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Job Title: \_\_\_\_\_ License Required Y N

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of pay: \_\_\_\_\_ Per \_\_\_\_\_

Reason for leaving : Layoff Date: \_\_\_\_\_ Fired Quit Other \_\_\_\_\_

Describe your duties: \_\_\_\_\_

Please list the types of work you wish to apply for and the amount of experience you have for each type:

Type of Work	Months Experience	Type of Work	Months Experience	Type of Work	Months Experience

Please list vocational schools attended, certification and/or degree received: \_\_\_\_\_

What is the minimum pay you will accept? \$ \_\_\_\_\_ per \_\_\_\_\_. What days and shifts are you able to work? \_\_\_\_\_

What counties in Mississippi are you available for work? \_\_\_\_\_

**ATTESTATION:**

I hereby certify, to the best of my knowledge, the above information is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status and cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required or approval to obtain such. I understand that any information provided may be shared with other federal, state and local or non-governmental agencies.

I agree to advise the WIN Job Center of any address or phone number changes during the time I am in WIA.

I understand that someone representing the Employment Training Division will contact me after I exit the program and agree to provide them with information about my employment status and earnings.

I understand that someone will contact me after I exit the program to perform a Customer Satisfaction Survey.

I have received a copy of the grievance procedure and understand that any grievance concerning WIA must be addressed following the procedure explained on the **Grievance Form**.

SIGNATURE

DATE

WIN Job Center Representative

(Items Below are for STAFF USE ONLY)

39. Referred by WPRS __1. Yes __2. No	40. Homeless __1. Yes __2. No	41. Determined Eligible For Adult __1. Yes __2. No	42. Determined Eligible For Younger Youth __1. Yes __2. No	43. Determined Eligible For Older Youth __1. Yes __2. No
44. Determined Eligible for Dislocation __1. Yes __2. No	Referred by Rapid Response __1. Yes __2. No	Displaced Homemaker __1. Yes __2. No	45. Dislocated Worker Date _____ (mm/dd/yy) Wage _____ per hour	

Enrollment Date	Anticipated Exit Date (6 Mo.)	Exit Date	1 <sup>st</sup> Qtr. After Exit	3 <sup>rd</sup> Qtr. After Exit	5 <sup>th</sup> Qtr. After Exit